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ABSTRACT

To ascertain the current state-of-the-art clinical experiences provided by colleges and universities granting graduate degrees in reading education, a seven-page survey form was mailed to all schools listed in "Graduate Programs and Faculty in Reading, 1981." Questions were designed to obtain information on the following topics: size of college, clients, source of client referrals, size of reading faculty, clinical staff, clinic facility, services provided, fees charged for services, evaluation of clinic services, materials and equipment, funding, advantages and disadvantages and future plans and advice. Responses indicated that 87% of the 242 schools provided clinical experiences within their reading education programs, although only 67% actually had a designated clinic facility in the university setting. Most of the programs offered diagnostic services for silent and oral reading proficiency, word recognition, study skills, spelling, general intellectual development, vision, general achievement, language development, perceptual functions, and hearing. When asked what advice they would offer to a reading department that was trying to establish a reading clinic as part of their program, respondents offered suggestions for funding, personnel, purpose, liaison, and facilities. (HOD)

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DESIGNING CLINICAL EXPERIENCES IN READING EDUCATION: CURRENT PROGRAM OPTIONS

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I. INTRODUCTION: PROCEDURES

The purpose of this study was to ascertain the current state-of-the-art of clinical experiences in reading education provided by colleges and universities granting graduate degrees in reading education.

A questionnaire was developed in early 1982 and sent to the directors of three different types of university reading clinics as a pilot test of the instrument. Based upon the responses and suggestions of these reading clinic directors, some items were modified and some open-ended questions were added.

The seven-page survey form was mailed in mid-April, 1982 to all schools listed in Graduate Programs and Faculty in Reading, 1981 (IRA, 1981). A total of 341 surveys were sent. An extensive cover letter explaining the need for accurate data about reading clinics and a self-addressed first-class stamped envelope were included with the surveys. A total of 142 (41.64%) completed surveys were returned after the first mailing.

In the second mailing 199 surveys with a different cover letter were sent the first week of May, 1982. Of these, 100 (50.25%) were returned in time for the data analysis. The total returned was 242 of the original 341 questionnaires for a 70.96% return rate. Only 8% of the respondents asked for the results of the survey to be mailed back to them. Many others, however, indicated they would look for the results to be published in professional journals.

The substantial return rate despite the length of the questionnaire speaks well of the interest reading professionals have in clinical experiences in reading education.

II. SCHOOLS WITH CLINICAL EXPERIENCE

As noted in Table 1, 87% of the 242 schools which responded provide clinical experiences within their reading education programs, although only 67% actually had a designated clinic facility in the university setting.

TABLE 1

STATUS OF CLINICAL EXPERIENCE

STATUS	Total Schools	Percent of Respondents
Clinical experience provided	211	87%
Designated clinic facility	161	67%
Classrooms used for clinical work	122	50%
Clinical experience is public school based	57	23%
Clinic facility located in public school	7	3%

Of responding universities at which reading is considered a department or a school rather than an area within another department, 100% provided clinical experiences in reading, whereas of universities at which reading is an area within another department, only 85% provide clinical experiences in reading.

III. SIZE OF COLLEGE

Of the respondents which indicated they provided clinical experiences in reading, 112, or 53.4% were identified as being small colleges (enrollment under 10,000). Fifty-nine or 28% were medium sized colleges (enrollment from 10,000 to 20,000) and 39 or 18.6% were large colleges (enrollment over 20,000).

There was no significant relationship between the size of the college and the type or number of clients served in the reading clinic.

IV. CLIENTS

Table 2 shows the percentages of colleges reporting the various types of clients served.

TABLE 2

TYPES OF CLIENTS SERVED

CLIENT TYPE	Number of Colleges Serving	Percent of Colleges Serving
Preschoolers	41	19.4
Elementary Shool Students	170	80.5
Secondary School Students	152	72.0
College Students	75	35.5
Adults	71	34.0

It is clear that elementary and secondary school students make up the bulk of the client population, which is to be expected. It is surprising to note however, that nearly as many colleges reported serving adults as reported serving college students.

Table 3 shows the source of client referrals for remediation in the reading clinic.

TABLE 3

SOURCE OF CLIENT REFERRALS

CLIENTS REFERRED BY:	Number of Colleges	Percent of Colleges
Self/Parents	191	91
Public School Personnel	176	83
Social Service Agencies	90	43
College Counseling Service	56	27
Physicians	52	25

Individuals or their parents and public school personnel are the major sources of client referrals to reading clinics. In fact, 10% (21) of the responding colleges indicated that 100% of their referrals were from the individuals themselves or their parents. An additional 18% (38) of the colleges reported that 100% of their clients were referred by public school personnel.

V. SIZE OF READING FACULTY

The majority of colleges reported having three or less full-time reading faculty and three or less part-time reading faculty. Tables 4 and 5 show the reported number of full-and part-time reading faculty.

TABLE 4

FULL-TIME READING FACULTY

NUMBER OF FACULTY	Number of Colleges	Percent of Colleges*
1	29	13.9
2	39	18.7
3	39	18.7
4	26	12.4
5	24	11.5
6	15	7.2
7 or more	27	12.9
0	10	4.8

*Based upon 209 of the 211 colleges providing clinical experiences in reading education.

TABLE 5

PART-TIME READING FACULTY

NUMBER OF FACULTY	Number of Colleges	Percent of Colleges*
1	34	16.3
2	46	22.0
3	26	12.4
4	12	5.7
5	10	4.8
6 or more	12	5.7
0	69	33.0

*Based upon 209 of the 211 colleges providing clinical experiences in reading education.

VI. CLINICAL STAFF

The majority of reading clinics do not employ a director either full or part time. This is true regardless of size of college, number of clients served, and whether or not fees are charged for services.

However, large colleges (over 20,000) were significantly more likely to employ a full-time receptionist or clerical than were small colleges. $P \leq .001$. Large colleges were also significantly more likely to employ part-time doctoral student diagnosticians than were either small or medium-sized colleges, $P \leq .0001$.

Regardless of size, 40.8% (86) of the colleges reported they employed part-time faculty supervisors and 22.7% (48) reported employing full-time faculty supervisors. Only 4.3% (9) colleges employed full-time and 12.2% (28) employed part-time non-student diagnosticians. Part-time directors and part-time masters student diagnosticians are the most likely to be employed in staffing a reading clinic. Table 6 presents a summary of the clinical staff reported by the colleges providing clinical experiences in reading education.

TABLE 6

CLINICAL STAFF

STAFF	Number of Colleges	Percent of Colleges
Full-time director	64	30.3
Part-time director	104	49.3
Full-time receptionist/clerical	59	28.0
Part-time receptionist/clerical	67	31.8
Full-time non-student diagnostician	9	4.3
Part-time non-student diagnostician	28	13.3
Full-time faculty supervisors	48	22.7
Part-time faculty supervisors	86	40.8
Full-time masters student diagnosticians	20	9.5
Part-time masters student diagnosticians	93	44.0
Full-time doctoral student diagnosticians	13	6.2
Part-time doctoral student diagnosticians	22	10.4

VII. CLINIC FACILITY

Colleges which reported having a designated clinic facility were significantly more likely to employ a part-time director $P \leq .01$ and to employ a full-time receptionist/clerical $P \leq .05$ or a part-time receptionist/clerical $P \leq .04$ than colleges which have no clinic facility.

Colleges with an actual clinic facility were also significantly more likely to serve secondary school students $P \leq .007$, college students $P \leq .02$, and adults $P \leq .01$ than colleges without a facility.

Colleges offering clinical experiences in reading education offered through a reading clinic facility are significantly more likely to receive client referrals from social service agencies $P \leq .01$, public school personnel $P \leq .05$, and physcians $P \leq .05$ than colleges without the program support of such a facility. Fees are significantly more likely to be charged for a diagnostic case study $P \leq .004$, individual tutoring $P \leq .01$, and small group instruction $P \leq .01$, by colleges with a clinic than by those without.

VIII. SERVICES PROVIDED

Table 7 below presents a summary of the diagnostic services provided by the responding colleges. All of the services are provided by a majority of the colleges. Nearly all of the colleges provide diagnosis of silent and oral reading proficiency and of word recognition skills.

In addition, a variety of other services are provided through the reading education clinical experiences at the responding colleges. The most frequently mentioned additional service is individual tutoring in reading, which is provided by 89% (188) of the colleges. Table 8 below provides a summary of the other services identified by the respondents.

TABLE 7

DIAGNOSTIC SERVICES PROVIDED

SERVICE	Number of Colleges	Percent of Colleges
Silent and Oral Reading Proficiency	201	95.3
Word Recognition	200	95.0
Study Skills	185	88.0
Spelling	164	78.0
General Intellectual Development	154	73.0
Vision	147	70.0
General Achievement	146	69.2
Language Development	135	64.0
Perceptual Functions	132	63.0
Hearing	129	61.1

TABLE 8

OTHER SERVICES PROVIDED

SERVICE	Number of Colleges	Percent of Colleges
Individual tutoring in reading	188	89.0
Small group instruction in reading	149	71.0
Consultant services to schools	140	66.4
Large/small group study skills classes	87	41.2
Individual/group counseling	60	28.4
Large/small group power/speed classes	58	27.4

Fees for Services

Some type of fee is charged to clients by 57.3% (121) of the respondents. There was no significant relationship between the size of the college and whether or not fees are charged. The services for which fees are charged are presented in Table 9.

TABLE 9

FEES CHARGED FOR SERVICES

SERVICE	Number of Colleges	Percent of Colleges
Diagnostic Case Study	94	44.5
Individual Tutoring	74	35.0
Small Group Instruction	46	22.0
Diagnosing Silent and Oral Reading	66	31.3
Diagnosing General Intellectual Development	57	27.0
Diagnosing Visual Ability	54	25.6
Diagnosing Auditory Ability	51	24.2
Diagnosing Language Development	51	24.2
Diagnosing Perceptual Function	49	23.2
Diagnosing General Achievement	45	21.3

Actual fees were reported for a diagnostc case study, individual tutoring, and small group instruction. The average fee for a diagnostic case study was between $50.00 and $75.00. The range was from $25.00 to $200.00 for this service. The average fee for an hour of individual tutoring was $10.00. The range was from $5.00 to $30.00 an hour. The average fee for an hour of small group instructon was also $10.00 per individual with a range of $5.00 to $30.00.

Of the 121 colleges which reported that they charged fees, 88% (106) have a designated clinic facility at the college, however, 71% (49) colleges which do not charge fees (69) also have a designated clinic facility. Further, there is no significant relationship between whether a reading clinic has a director (either full or part time) and whether the clinic charges fees for its services. There is also no significant relationship between whether or not a clinic charges fees and whether or not it allows its student diagnosticians to work unsupervised part of the time.

Evaluation of Clinic Services

The majority of colleges which provide clinical experiences in reading education have some type of evaluation procedure to determine how well their services are meetng the needs of the program and the clients. There was no significant difference in the type of evaluation procedures reported by small, medium, and large colleges. Table 10 presents a summary of the type of evaluation procedures reported by respondents.

TABLE 10

EVALUATION PROCEDURES

TYPE	Number of Colleges	Percent of Colleges
University Student	153	72.5
Faculty monitoring	124	58.8
Director	114	54.0
Client	103	48.8
Department monitoring	63	29.9
College monitoring	48	22.7

IX. MATERIALS AND EQUIPMENT

Respondents were asked to indicate the type and amount of material contained within their reading clinic facility, but not materials which were available elsewhere in their department, building, or on campus. The most frequently reported materials were instructional kits. Microcomputer program diskettes were the least frequently reported materials.

There was no significant difference in the type or amount of material reported by small, medium, and large colleges except for microcomputer program diskettes. Medium (10,000 to 20,000) and large (over 20,000) colleges were significantly more likely to have microcomputer program diskettes than were small (under 10,000) colleges, $P \leq .04$. Table 11 presents a summary of the types of material respondents reported having in their clinical facility.

TABLE 11

MATERIALS CONTAINED IN CLINIC FACILITY

TYPE	Number of Colleges	Percent of Colleges
Instructional Kits	157	74.4
General Books	147	69.7
Professional Reference Books	131	62.1
Professional Journals	125	59.2
Remedial Instruction Books	121	57.3
Audio Tapes	119	56.4
Magazines	99	46.9
Records	91	43.1
Video Tapes	74	35.1
Newspapers	61	28.9
Microcomputer Program Diskettes	32	15.2

Respondents were also asked to indicate the types of equipment which their facility contained. The most frequently reported pieces of equipment were a filmstrip projector and a telebinocular. The least frequently reported piece of equipment was a microform reader. It is interesting to note that although 21.8% (46) of colleges with a clinical experience in reading reported having a microcomputer terminal in their facility, only 15.2% (32) reported having program diskettes. This discrepency is probably explained by the fact that many institutions use microcomputers for record keeping rather than for instruction.

There was no significant difference in the type of equipment reported by small, medium, and large colleges except for microcomputer terminals.

Medium and large colleges were significantly more likely to have a microcomputer terminal in their clinic facility than were small colleges $P \leq .04$. Table 12 shows the types of equipment respondents reported having in their clinic facility.

TABLE 12

EQUIPMENT

TYPE	Number of Colleges	Percent of Colleges
Filmstrip Projector	155	73.5
Telebinocular	154	73.0
Audio Tape Deck	148	70.1
Controlled Reader	147	69.7
Tachistoscope	136	64.5
Phonograph	131	62.1
Audiometer	123	58.3
Duplicating Equipment	114	54.0
Movie Projector	107	50.7
Videotape Monitor	106	50.2
Microcomputer Terminal	46	21.8
Microform Reader	34	16.1

X. FUNDING

Respondents were asked to indicate the sources of funding for the clinical experiences provided through their reading education program. They were also asked to identify the approximate percentage of their

funding which came from various sources. Department, college, and client funding were each identified by over a third of the respondents.

There were no significant difference in funding sources due to size of college or whether or not a college had a designated clinic facility.

Table 13 presents a summary of funding sources identified by respondents.

TABLE 13

FUNDING SOURCES

SOURCE	AMOUNT	Number of Colleges	Percent of Colleges
Department	1-50%	24	11.37
Department	51-99%	24	11.37
Department	100%	41	19.43
College	1-50%	29	13.74
College	51-99%	20	9.47
College	100%	36	17.06
Client	1-50%	44	20.85
Client	51-99%	15	7.10
Client	100%	17	8.05
Private Gifts	1-98%	12	5.68
Foundation Grants	1-80%	9	4.26

XI. ADVANTAGES AND DISADVANTAGES

Respondents were asked to list advantages and disadvantages which they felt were inherent in the particular type of program design of clinical

experience provided by their college. There were no significant differences in the perceived advantages or disadvantages due to size of college, whether or not there was a designated clinic facility, and whether or not the clinic experience was public school based. The major advantages and disadvantages inherent in clinical experiences in general are presented in Table 14 and 15 respectively.

TABLE 14
MAJOR ADVANTAGES OF CLINICAL EXPERIENCES
IN READING EDUCATION

TYPE	Number of Colleges	Percent of Colleges	Adjusted Frequencey*
Service to Community	147	69.7	96.7
Training Function	34	16.1	32.1
Service to Public Schools/Children	19	9.0	17.9

*Adjusted frequency percentages are based on number of actual responses.

TABLE 15

MAJOR DISADVANTAGES OF CLINICAL EXPERIENCES
IN READING EDUCATION

TYPE	Number of Colleges	Percent of Colleges	Adjusted Frequency*
Lack of Funding	83	39.3	100
Lack of Administrative Support	83	39.3	100
Lack of Someone in Charge	66	31.3	100

*Adjusted frequency percentages are based on number of actual responses.

XII. FUTURE PLANS AND ADVICE

Respondents were asked to identify any future plans for their clinical experiences in reading education. Expansion is planned by 33.6% (71) of the respondents. Modernization was cited by 26.5% (56) and elimination of program was identified by 2.4% (5) of the respondents.

Table 16 below presents a summary of the explanations given for particular plans.

TABLE 16

EXPLANATION OF FUTURE PLANS

TYPE	Number of Colleges	Percent of Colleges	Adjusted Frequency*
No plans/maintain status quo	30	14.2	23.3
Upgrade to fit needs	19	9.0	15.0
Expand space	17	8.1	13.2
Add computer equipment	8	3.8	6.2
Develop clinic	8	3.8	6.2
Serve more clients	8	3.8	6.2
Expand servces offered	7	3.3	5.4
Instructional reorganization	6	2.8	4.7
Add other equipment	5	2.5	3.9
Budget being reduced	4	1.9	3.1
Physical reorganization	2	.9	1.6

*Adjusted frequency percentages are based on number of actual responses.

Respondents were also asked what advice they would offer to a Reading Department that was trying to establish a reading clinic as part of their program. Of those who responded to this question, most wrote at least a paragraph offering several suggestions; several wrote more than a page of recommendations.

The advice fell into five basic categories: funding, personnel, purpose, liasion, and facility. It is clear that a separate, adequate budget is a major area of concern to respondents. A full-time director and the support and involvement of the college administration were also high on the list of recommendations.

The advice given by respondents is summarized in Table 17.

TABLE 17

ADVICE

TYPE	Number of Colleges	Percent of Colleges	Adjusted Frequency*
Funding - Get a separate budget	26	12.3	40.0
Funding - Get adequate budget	22	10.4	33.8
Personnel - Get full-time director	15	7.1	31.9
Personnel - Get adequate numbers	10	4.7	21.3
Personnel - Recognize service for tenure	8	3.8	17.0
Purpose - Document needs	17	8.1	24.6
Purpose - Set short/long term goals	14	6.6	20.3
Purpose - Make clinic multidisciplinary	12	5.7	17.4
Liaison - Involve administration	15	7.1	29.4
Liaison - Involve all reading faculty	9	4.3	17.6
Liaison - Involve public schools	9	4.3	17.6
Facility - Visit other clinics	13	6.2	26.5
Facility - Get separate adequate clinic	10	4.7	20.4
Facility - Stock well with material	8	3.8	16.3

*Adjusted frequency percentages are based on number of actual responses within each category.